

## APPLICATION TO RE-ACTIVATE INACTIVE LICENSE

Requirements for conversion of an inactive license to active status:

1. Verification of licensure in good standing from the state you are currently practicing in and documentation of having met that state's continuing education requirements, OR
2. If inactive and residing in Minnesota, documentation of having met Minnesota CE requirements of 20 CE credits per year retroactive to the date of license inactivation
3. Certification by applicant that the applicant is not currently under disciplinary orders or investigation for acts that could result in disciplinary action in any other veterinary licensing jurisdiction; and
4. Payment of a fee equal to the full difference between an inactive and unrestricted license if converting during the first year of the biennial license cycle or payment of a fee equal to one-half the difference between an inactive and an unrestricted license if converting during the second year of the license cycle. The fee schedule to re-activate an inactive license is as follows: renewing in first year of biennium: \$120; Renewing in second year of biennium: \$70.

### CONTINUING EDUCATION PROGRAMS ATTENDED

	PROGRAM TITLE & SPONSOR	DATES	CE HOURS	DOCUMENTATION ATTACHED? * (YES/NO)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

\* Documentation is an attendance certificate, receipt, canceled check, etc. If not available, please explain on back of form.

### SELF STUDY CE HOURS (not more than 10)

	SOURCE	HOURS CLAIMED
1.	_____	_____
2.	_____	_____
3.	_____	_____

### MISCELLANEOUS CE CREDIT (Presentations, Authorships, Etc.)

	CATEGORY	HOURS CLAIMED
1.	_____	_____
2.	_____	_____
3.	_____	_____

I certify that the above information is true and correct and that I am not currently under disciplinary orders or investigation for acts that could result in disciplinary action in any other veterinary licensing jurisdiction.

\_\_\_\_\_  
Date Signature Payment Enclosed

Current Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_